

MAR. 19. 2007 4:53PM

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MAR 19 2007

NO. 476 P. 1



FACSIMILE COVER SHEET

March 19, 2007

Receiver: Central Fax Number/Examiner Michael H. Thaler
USPTO

TEL #:

FAX #: 571-273-8300

Sender: Mary Terry, Patent Secretary for Dean E. Wolf

Our Ref. No.: MSKTP001

Your Ref: 10/644,601

Re: Response to Restriction Requirement

Pages Including Cover Sheet(s): 4

FAX CONTENTS:

Fax Cover Sheet – 1 page
Response to Restriction Requirement – 2 pages
Amendment Transmittal – 1 page

MESSAGE:

CONFIDENTIALITY NOTE

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MAR 19 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Masket

Attorney Docket No.: MSKTP001

Application No.: 10/644,601

Examiner: Michael H. Thaler

Filed: August 20, 2003

Group: 3731

**Title: METHOD AND APPARATUS FOR
PERFORMING AN ACCURATELY SIZED
AND PLACED ANTERIOR CAPSULORHEXIS****CERTIFICATE OF FACSIMILE TRANSMISSION:**
I hereby certify that this correspondence is being transmitted by
facsimile to the United States Patent and Trademark Office,
Commissioner for Patents, Attn: Examiner Thaler, Fax No. (571)
273-8300, Alexandria, VA 22313-1450 on: March 19, 2007

Signed:

Mary Terry

AMENDMENT TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	18	MINUS	20	00	x 25 =	x 50 =
Independent Claims	3	MINUS	3	00	x 100 =	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$0

- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. MSKTP001).

Respectfully submitted,
DEYER-WEAVER LLPDean E. Wolf
Reg. No. 37,260P.O. Box 70250
Oakland, CA 94612-0250

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RECEIVED
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NO. 476 P. 3

MAR 19 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Masket

Attorney Docket No.: MSKTP001

Application No.: 10/644,601

Examiner: Michael H. Thaler

Filed: August 20, 2003

Group: 3731

Title: METHOD AND APPARATUS FOR
PERFORMING AN ACCURATELY SIZED
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CAPSULORHEXIS

CERTIFICATE OF FACSIMILE TRANSMISSION:

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Commissioner for Patents, Attn: Examiner Thaler, Fax No. (571)
273-8300, Alexandria, VA 22313-1450 on: March 19, 2007

Signed: 

Mary Terry

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 2, 2007, please amend the above-identified
patent application as follows:

Remarks/Arguments begin on page 2 of this paper.

10/644,601

1

Atty Docket No.: MSKTP001